

Utah State Library for the Blind and Disabled

250 North 1950 West, Suite A Salt Lake City UT 84116-7901

Telephone Numbers: (801) 715-6789

Fax: (801) 715-6767

800-662-5540 (Utah Toll-free) 800-453-4293 (Out of State Toll-free)

Email: blind@utah.gov Website: <http://blindlibrary.utah.gov>

Dear Patron,

Attached is an application form for free library service. Fill it out and specify the type of equipment required, service preferences, and reading interests. All equipment is on loan, free of charge, in accordance with policies and procedures of the National Library Service for the Blind and Physically Handicapped of the Library of Congress.

To qualify for library service, a signature (*not a signature stamp*) by a competent authority is required. For more information refer to Eligibility and Certification page of application form. **In the case of a Reading Disability, the form must be signed by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.).** Visual and physical disabilities may be certified by other professionals. The authority *may not* be a member of the applicant's family. Either mail the certified application or bring it into the library. Faxes, copies, or a PDF of the certification are accepted. Improperly certified applications will be returned to you.

When your application is received, the equipment requested and appropriate catalogs and informational materials will be sent to you.

If you have any questions, please call one of the phone numbers listed above, Monday - Friday, 8:00 AM to 5:00 PM or leave a message after hours. You may also email the library or use the library's website (see the address above). The library staff looks forward to providing you with service.

Sincerely,

Staff of the Utah State Library for the Blind and Disabled

***** **This sheet may be removed and discarded.** *****

UTAH STATE LIBRARY FOR THE BLIND AND DISABLED APPLICATION FOR FREE LIBRARY SERVICE -- INDIVIDUAL

Please Type or Print Clearly

DATE _____

NAME _____
Last First Initial

MAILING ADDRESS _____ DAYTIME PHONE (_____) _____
Street or PO Box Area Code

City County State Zip Code

DATE OF BIRTH _____ SEX _____

Email Address: _____

Contact Person: Please indicate the name, address and phone number of someone we can contact in case we are unable to contact you:

Name Relationship to Applicant

Address Daytime Phone

EQUIPMENT

A library digital player is required to play the digital books. Check below if you wish to receive a digital player and digital books.

____ **Digital talking books and a Digital Player** (plays Library of Congress digital audio book cartridges).

There are two types of Digital Players. The Standard machine is recommended for most readers. The Advanced machine contains five more controls: Info, Previous, Menu, Next, and Mark. These controls allow the reader to more easily navigate within a book and to set and find bookmarks. The Advanced machine is recommended for students and readers of heavily indexed nonfiction books. Please check which machine you would like.

____ Standard digital machine (DS1) ____ Advanced digital machine (DA1)

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading materials provided by the Library of Congress and its cooperating libraries, it must be returned to the Library for the Blind.

An individual must borrow at least one book or magazine a year from the library to retain the use of borrowed equipment. Materials received from sources other than the library do not qualify for continuance of service.

ELIGIBILITY AND CERTIFICATION REQUIREMENTS

If you are blind, have a visual disability, or have physical limitations, you must be certified by a **"competent authority"**. A competent authority is defined to include doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies (e.g. social workers, counselors, rehabilitation teachers and superintendents). The competent authority *may not* be a member of the applicant's family. In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress. In order to receive service, the rest of this page must be completed by a competent authority as listed.

In case of reading disability from organic dysfunction, competent authority is defined as doctors of medicine or a doctor of osteopathy who may consult with colleagues in associated disciplines.

TO BE COMPLETED BY CERTIFYING AUTHORITY:

I certify that the applicant is unable to read or use standard printed materials for the reason(s) indicated below:

- ☐ **BLINDNESS** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.
- ☐ **VISUAL DISABILITY** Inability to read standard printed material without aids or devices other than regular glasses.
- ☐ **PHYSICAL DISABILITY** Inability to read or use standard printed material due to physical limitations, e.g. Muscular Dystrophy, Multiple Sclerosis, Cerebral Palsy, Parkinson's Disease, paralysis, missing arms or hands, extreme weakness.
- ☐ **READING DISABILITY** Organic dysfunction of sufficient severity as to prevent reading printed material in normal manner. **Requires an M.D. or D.O. signature for certification as defined above.**
- ☐ **DEAF/BLIND** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees, and with a hearing impairment disability.

In addition to any of the conditions listed above, is there a hearing impairment? If yes, indicate the loss:

☐ **Moderate:** Some difficulty hearing and understanding speech.

☐ **Profound:** Cannot hear or understand speech

****Note:** A signature by the certifying authority (*not a signature stamp*) is required for certification. Faxes, copies or a PDF of the certification are acceptable.

Signature of Certifying Authority

Title or Occupation

Name of Certifying Authority

Address

Date _____

Phone _____

NOTICE: Records of recipients of Library of Congress reading material are confidential. By law, preference in lending of materials is given to veterans. Please check here if you have been honorably discharged from the armed forces of the United States. _____

Accessories such as amplifiers, remote controls, breath switches, extension levers, and pillowphones are available to patrons under special conditions. Contact the library for the application forms for these accessories or for more information.

SERVICE PREFERENCES

Books on cassette, on digital cartridge, in large print, or in Braille are available. Please indicate your preferences, the number of books, and how often you want to receive them. **These preferences may be changed at any time by calling the library.**

_____ **DIGITAL BOOKS**

- _____ Book(s) every _____ days
- _____ One book when one returned
- _____ Select titles for me from my designated subject categories
- _____ Send only titles I request

_____ **LARGE PRINT BOOKS**

- _____ Book(s) every _____ days
- _____ One book when one returned
- _____ Select titles for me from my designated subject categories
- _____ Send only titles I request

_____ **BRAILLE BOOKS**

- _____ Book(s) every _____ days
- _____ One book when one returned
- _____ Select titles for me from my designated subject categories
- _____ Send only titles I request

If you require materials in languages other than English, please list the languages here:

To receive the Library's newsletter, See Note, check any of these formats:

_____ Email _____ Large Print (XSN2) _____ Braille (XSN1)

MAGAZINES

A wide variety of magazines are also available on a free subscription basis. Please check below if you would like a list of magazines available.

_____ **Magazines in Braille**

_____ Braille format _____ Large Print Format

_____ **Audio Magazines on BARD (Download), on Digital Cartridge, on Newsline and Magazines in Large Print**

_____ Braille format _____ Large Print Format

SUBJECT CATEGORIES

If you wish to have books selected for you or if you wish to have books substituted when your requests are not available, please check at least six of the categories below. These categories can be changed at any time by calling the library.

Fiction

- ☐ ADV **Adventure & Spy Stories**
- ☐ ANM **Animal Stories**
- ☐ BEF **Best Sellers, Fiction**
- ☐ CLA **Classics**
- ☐ FAN **Fantasy**
- ☐ GOT **Gothics**
- ☐ HIF **Historical Novels**
- ☐ MDF **Modern/Contemporary Novels**
- ☐ MYS **Mystery & Detective Novels**
- ☐ OCC **Occult & Supernatural**
- ☐ PIO **Pioneer Stories**
- ☐ CHF **Religious Fiction**
- ☐ LDSF **Religion, LDS Fiction**
- ☐ ROM **Romance Novels**
- ☐ SCF **Science Fiction**
- ☐ SST **Short Stories**
- ☐ SUS **Suspense Novels**
- ☐ WAR **War Stories**
- ☐ WES **Western Stories**
- ☐ YF **Young Adult Novels**
- ☐ **Children's Literature**
(Reading Level_____)

Nonfiction

- ☐ BEN **Best Sellers, Nonfiction**
- ☐ BIO **Biographies** (General)
- ☐ B-MEM **Autobiographies/Memoirs**
- ☐ 658 **Business**
- ☐ POL **Government & Politics**
- ☐ 610D **Health/Nutrition/Diet**
- ☐ 978 **History, Frontier & Western**
- ☐ 973 **History, United States**
(Biographies of Presidents)
- ☐ 900W **History, World/Foreign**
- ☐ 640 **Home/Family Management**
- ☐ HUM **Humor**
- ☐ 130 **Paranormal/Occultism**
- ☐ POE **Poetry**
- ☐ LDS **Religion, LDS**
- ☐ **Religion** (Denomination_____)
- ☐ **Science** (Areas_____)
- ☐ SPT **Sports** (Includes Biographies)
- ☐ 917 **Travel, United States**
- ☐ **Travel** (Areas_____)
- ☐ 364C **True Crime**
- ☐ WARN **War History**

My other reading interests are: _____

I do **NOT** wish to receive books that contain:

Strong Language

- ☐ ST – Contains Strong Language
- ☐ ST-S – Contains Some Strong Language

Violence

- ☐ VI – Contains Violence
- ☐ VI-S – Contains Some Violence

Explicit Descriptions of Sex

- ☐ SE – Contains Descriptions of Sex
- ☐ SE-S – Contains Some Descriptions of Sex
- ☐ SE-X – Contains Some Explicit Descriptions of Sex
- ☐ ROX – Love Stories, Spicy Romance
- ☐ XXX – Contains Explicit Descriptions of Sex

Name: _____

NEWSLINE

Newsline offers individuals access to over 300 daily newspapers and 22 magazines, including the Salt Lake Tribune and the Deseret Morning News, through a touch-tone phone. Patrons dial a toll-free number to access the system, which requires an ID number and security code to access the menu of newspapers and articles. The voice is synthetic speech. If you would like to use Newsline, please check below:

_____ **Newsline (NWL8)**

BRAILLE AND AUDIO READING DOWNLOAD (BARD)

The Library of Congress website gives patrons of the library access to downloadable braille and audio books. Information about these services is included in the library's Patron Handbook, which is mailed to all new patrons.

TO RETURN COMPLETED APPLICATION FORM...

To return this application form to the library once it is completed and certified, please fold and secure so that the library's address (on the back of this sheet) is showing. **No postage is required.** The form can be scanned and emailed to blind@utah.gov or faxed to 801-715-6767.

If you have any questions, please call:

Local:	(801) 715-6789
Utah Toll free:	800-662-5540
Out of State Toll free:	800-453-4293

or email the library at: **blind@utah.gov**

or access the library's website at: **<http://blindlibrary.utah.gov>**



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and Disabled**

**UTAH STATE LIBRARY FOR THE BLIND
AND DISABLED
250 N 1950 W SUITE A
SALT LAKE CITY UT 84116-7901**

Fold Here
